Middlesbrough Borough Council

South Tees Home Support Service

Inspection report

Children with Disabilities
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Ratings

Overall rating for this service	Good	●

Is the service safe?	**Good**	●
Is the service effective?	**Requires Improvement**	●
Is the service caring?	**Good**	●
Is the service responsive?	**Good**	●
Is the service well-led?	**Good**	●

Summary of findings

Overall summary

This inspection took place on 11 July 2016. This was an announced inspection because we needed to be sure that staff would be at the service. We previously inspected the service on 5 December 2013 and found that the service was meeting all of the regulations which we inspected.

South Tees home support provided care and support to people under the age of 18 who lived with a physical and / learning difficulty. People had very limited communication difficulties; this meant we were unable to speak with people during inspection. Staff assisted people's parents to make sure people received the care and support needed. This included helping people get ready for school, assistance with personal care and mealtimes, providing activities and taking people out into the community. At the time of inspection, they were 21 people using the service. All staff provided care and support to people in their homes; however the service did have an office located in a residential area of Middlesbrough.

The registered manager had been registered with the Commission since 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff supervision was carried out, however this was not in line with the registered provider's policy for supervision. There were some gaps in supervision and appraisal records.

All staff participated in training. We identified a number of gaps in training; however the registered manager had started to take action to address this.

All staff were supported through an induction programme which included training, shadowing more experienced staff and developing relationships with the people and their families whom they would be working with.

People were supported with their nutritional and hydration intake. Staff worked closely with people's families and followed any recommendations put in place by health professionals.

The service took action to keep people's care records up to date about each person's health. Records showed the health and social care professionals involved in each person's care and staff supported people to attend health appointments if needed.

All staff followed and understood the guidelines set out in the Children's Act 2004. The service sought consent from parents who held parental responsibility for each person. Staff told us they did observe for non-verbal cues to make sure people were happy with the care and support they were providing.

The service worked closely with social workers and child protection teams to keep people safe. Care and support and care plans were updated when required to reflect any new or increased risks. All staff told us they felt confident in raising any concerns which they had about the people they cared for.

Detailed risk assessments were in place and where needed were followed up by a care plan. Robust procedures were in place to keep people safe. Risk assessments also included information about people's understanding of risk and any further measures which staff needed to take into consideration.

People's parents were responsible for their prescribed medicines and staff did not have responsibility for this. Staff were trained to dispense emergency epilepsy medication. Protocols and emergency health care plans were in place for this.

People's parents spoke positively about the care and support their children received from the service. From speaking with staff we could see they enjoyed caring for these people.

Privacy and dignity was maintained at all times. People's parents told us they felt involved in people's care and felt able to make decisions on their behalf which staff respected.

Person-centred care plans were in place which reflected people's individual needs, wishes and preferences. Care plans included detailed information about individual routines, risk and triggers for behaviours which may challenge. These were regularly reviewed.

People participated in individual and group activities which reflected their choices and preferences. Group activities helped people to maintain social contact with one another and develop friendships.

People's parents told us they felt able to raise any concerns with staff without feeling it necessary to raise a complaint. However all told us they were aware of how to make a complaint it they needed to. The service had received a number of compliments which showed people and their families were happy with the service.

All staff spoken to told us they enjoyed working at the service and felt supported by the registered manager. All staff told us they could speak with the registered manager whenever they needed to.

A registered manager was in post and had submitted notifications to the Commission when required to do so.

Quality assurance procedures were in place and feedback sought to improve and maintain the quality of the service. All accidents and incidents had been investigated and action taken to reduce any further risk of harm.

The service had good links with health professionals and health and social care agencies aimed at improving the lives of children and keeping them safe from harm and abuse. The service regularly attended meetings and forums.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Robust procedures were in place to keep people safe. Staff took appropriate action to make sure people were safeguarded from the risks of abuse and harm.

There were sufficient staff on duty to provide appropriate care and support to people. Specific staff were allocated to people to maintain relationships.

A thorough recruitment process was in place. This included inviting potential candidates / employees to participate in group activities so people who used the service could give their feedback about them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Supervision was not carried out in line with the registered provider's policy. There were gaps in supervision and appraisal records.

Staff received mandatory training and training specific to the needs of people they provided care and support to. Gaps had been highlighted in training and the registered manager had started to address this.

Staff understood the principles of the Children's Act and worked within this to keep people safe. Staff worked within the remits of parental consent when providing care and support.

Is the service caring?

Good ●

The service was caring.

People's parents spoke highly of staff and the care and support people received from the service.

Staff involved people and their parents in their care. Staff had the skills needed to communicate with people with limited communication skills.

People's parents told us the service had made a positive difference to their lives.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected people's individual needs, wishes and preferences and were regularly reviewed.

The service took action to ensure every person was involved in activities in line with their personal preferences. These activities took place at home and in community settings.

All parents we spoke with told us they felt able to raise any concerns they had if needed. They knew how to make a complaint and felt confident that it would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post. Staff we spoke with told us they felt supported by them and could approach them at any time.

Staff told us they enjoyed working at the service and had access to the resources they needed.

The service was actively involved in wider quality assurance processes to improve the lives of children with disabilities.

South Tees Home Support Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One adult social care inspector carried out an announced inspection on11 July 2016. This meant the registered provider and staff knew we would be attending on this day. This inspection was announced because we needed to be sure someone would be in when we visited.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority about the service and they told us they were happy with the service and had no concerns.

The registered provider completed a provider information return (PIR) when asked to do so. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection, there were 21 people using the service who lived with a physical and / learning disability. People has very limited communication skills and we were not able to speak with them during inspection. We did speak with three people's parents over the telephone who held parental responsibility for their child. People using the service were supported by 24 staff.

During inspection we spoke with the service manager, registered manager, deputy manager and three staff. We reviewed four care records and records relating to the day to day running of the service at the registered providers office.

Good ●

Is the service safe?

Our findings

All staff and three relatives we spoke with all told us that people were safe when they were being supported by staff at the service. The registered manager told us that it was, "Important that every person they supported felt safe and comfortable with staff and that people's families felt comfortable and reassured too." One relative told us, "[Person using the service] can't tell me if anything is wrong. I only let them be with people who know him and whom I am confident in. I wouldn't let them be with staff who didn't know them."

Staff training in safeguarding was up to date and all staff spoken to demonstrated a good level of knowledge and understanding of safeguarding children and the procedures they needed to follow if they suspected that people were at risk of abuse. All staff told us they felt confident in raising any concerns and told us they felt that they would be supported by the registered manager if they did so. One staff member told us, "If I have any concerns I would speak with the deputy manager or the manager. I would also speak with the social worker to make them aware." No safeguarding alerts had been raised by the service. The registered manager told us they worked closely with the social work team for children living with a disability and were able to discuss any potential concerns before a safeguarding alert was needed. They told us this helped the service and the social work team to take preventative action where needed. A staff member told us, "We don't have much safeguarding in this service. We manage to reduce risk, for example, a parent might not be meeting all of the person's care need such as getting someone ready for school. We will arrange a package of support for this and make sure the person is ready for school and attending. "

Protocols were in place should any child be placed on the child protection register. Where this was the case, the service were responsible for sharing information and keeping relevant parties informed of any potential concerns or areas of improvement.

The service offered a helpline for parents which they could access whenever they were experiencing difficulties. For example, they told us that staff could attend people's homes to support parents to manage any behaviours which challenge and help to de-escalate situations.

A small number of accidents and incidents had occurred at the service whilst staff had been supporting people. These included slips, trips and falls. Records had been appropriately completed and we could see what action had been taken by the service to reduce the risk of harm to people and staff.

Risk assessments were in place for staff to carry out their roles at the service. Risk assessments specific to people's individual needs were also in place and had been regularly reviewed. This showed the registered provider understood the importance of risk management to keep people safe and that staff understood that safety was important to protect themselves, people and their relatives from avoidable harm. People's care records provided information about their level of understanding and how this could increase the risk of potential harm to people. For one person the records showed the person did not understand hot and cold temperatures. This meant staff should take action to make sure the person was kept safe in the kitchen and when bathing for example. These had been regularly updated and provided clear information that, along with associated support plans helped care workers manage the associated risks and helped them to provide care and support in a safe way.

Each person who used the service had the equipment they needed which also helped to reduce the risk of harm to them. Any specialist equipment used was detailed in people's care records and included wheelchairs, ear protectors, track hoists and protective helmets. The service was not responsible for the maintaining and servicing of equipment but told us they carried out visual checks to make sure they remained safe for use. Bathing protocols were in place for people with epilepsy.

Robust recruitment procedures were in place. Each of the staff recruitment records looked at contained completed application forms and interview questions. During the recruitment process, candidates were invited to attend a group activity session with staff and people using the service. The aim of this was to determine how candidates interacted with people and to see how people responded to them. Where they were able to, staff tried to seek feedback from people. Staff only started working at the service once two checked references had been obtained and a Disclosure and Barring Services (DBS) check had been carried out. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

Relatives and staff told us there were sufficient staff on duty to provide care and support to people. Staff worked together as a team to cover sickness and annual leave. There had been no issues with missed calls. People and their relatives had access to a help desk and out of hours on-call system each day. This meant support was available to them at all times.

From speaking with staff we could see that they helped to provide care and support to the same young people rather than move around supporting different people. This helped consistency to be provided. Staff were allocated and matched to people dependent on their strengths, skills and experiences. We could see that people needed the same staff involved in their care because of their very specific needs and because it was important for people to have good relationships with staff they trusted. Because of this a small pool of staff were allocated to each person; this meant that the same group of staff could support people during periods of annual leave and sickness without causing disruption or distress to the people being supported. Good procedures were in place to deal with disruption to staffing levels and late calls. One relative told us, "Staff are replaced with someone you know. I'm impressed because sometimes it's been 7:30 in the morning."

Staffing levels were dependent on people's individual needs and requirements. These levels changed during school holidays when people's care packages increased. Relatives and staff told us there was always enough staff on duty. All staff told us there were enough staff on duty at all times to meet people's needs. One staff member told us, "We have enough staff to deliver all packages of support. People's packages increase during school holidays and we increase staffing levels to accommodate this."

We did not look at people's prescribed medicines during this inspection. Each person's parents were responsible for managing people's medicines on their behalf. Staff at the service had no involvement in this.

People with epilepsy had emergency health action care plans in place. This was kept in the person's bag along with their epilepsy medication. The health action care plans provided information about the person's epilepsy diagnosis, their epilepsy medication and how to give the medication. This meant that information and guidance was available to emergency staff to dispense the medicine if staff were unable to. All staff had received up to date training in epilepsy. This meant staff had the knowledge and experience they needed to deliver emergency epilepsy medicine when this was required.

Requires Improvement ●

Is the service effective?

Our findings

Supervision and appraisals are formal methods of support between staff and their supervisor to make sure any needs are identified. The registered provider's supervision policy stated that supervision should be carried out every two months, however the supervision agreement records signed by staff and their supervisors stated that supervision should be carried out each month. This meant it was unclear about the frequency of which staff should be receiving their supervision. We could see that staff were receiving supervision, however it was not within the frequency specified in the registered provider's policy. There were gaps in supervision and appraisal records, for example, comments from staff were consistently missing. This meant that we did not know if staff had agreed with the points raised during supervision or had wanted to add anything to their records or whether they were happy in their role for example. Where actions had been identified, they had not been added to an action plan. Signatures from the people involved in the supervision and appraisals were not consistently recorded.

We recommend that the service takes action to ensure supervision is delivered in line with the registered provider's policy and supervision records are fully completed.

All staff were subject to a six month probationary period, during which time three reviews of their performance took place. This meant the service could monitor the progress each staff member was making and put in any additional support that was needed. The registered manager told us that a flexible induction process was in place and this was dependent on the skills and experience of the staff and the people they would be supporting. The registered manager told us that it was important to get this right and any support needed would be put in place. The induction process included shadowing experienced members of staff, training and induction workbooks which included the values for the service and an overview of the role.

Mandatory training included first aid, health and safety, food hygiene, behaviours which challenge, safeguarding, autism and epilepsy. Gaps in training had been identified and staff had been booked onto training in safeguarding, epilepsy and infection prevention and control. Some staff participated in additional training such as risk assessments, emergency first aid, Percutaneous Endoscopic Gastroscopy (PEG) feeding, hoists and slings. This additional training was specific to the needs of the people they provided care and support to.

The deputy manager told us that they carried out regular observations of all staff to make sure they remained competent to carry out their roles. These were usually carried out when people were being supported in a community environment. This meant the people being supported were less aware that observations of staff practice were being carried out.

Some people were assisted with their nutrition and hydration by staff. From speaking with staff we could see that people's diets could be related to their health conditions. Where this was the case, people were receiving specialist support from health professionals. Staff told us that people's parents often prepared meals for people; however staff could be involved in this too. Staff demonstrated a good level of understanding about people's individual dietary needs. We asked staff about one person and they told us about the type of foods which the person could eat and how they needed to be prepared because they could be at risk of choking. Staff told us that people needed plenty of support and encouragement at mealtimes, however it was important to give the time needed to make sure people received an adequate hydration and nutritional intake.

There were some people who received their nutritional intake via Percutaneous Endoscopic Gastroscopy (PEG) feeding. This is a way of introducing food and hydration to people who need it. Where this was the case, people's parents were responsible for administering this type of nutrition to people. Staff told us they would provide assistance to people's parents if they needed it; however this was not common practice. Some people receiving nutrition this way were also encouraged to have 'Tasters' of food. The care records showed what types of food people could have and were provided by people's parents.

People's parents were responsible for making sure people were regularly involved with health professionals. The care records identified when people had attended specialist hospital appointments and detailed all of the professionals involved in their care. These included learning disability teams, social workers, GPs and where appropriate safeguarding teams. From speaking with staff, we could see the service worked closely with these professionals.

All staff understood the principles of The Children's Act and worked in line with this. This meant that the service worked alongside people's parents, social workers and local authorities to ensure that all young people were safeguarded from harm and abuse and their welfare promoted.

The people who used the service had limited communication skills because of their health conditions which included physical and intellectual disabilities. All care and support was planned in line with each person's individual needs and requirements with the consent of each person's parents who held parental responsibility. All staff told us that they did try to seek consent from people. For example, staff told us they observed for non-verbal cues to determine whether people were happy with the care and support being delivered. Staff told us that once they got to know people they became more confident at knowing the person and whether they would be happy with what they were doing with them. One staff member told us, "People would refuse if they didn't want something. We also acknowledge what the parents tell us."

Good ●

Is the service caring?

Our findings

We spoke with people's relatives about the care and support they received. They all told us they were happy with the service provided to people. One relative told us, "[The service is] really good. I am happy with it. [The service] has made a massive difference to our family." Another relative told us, "[The service] has always been great. I've not had any issues. Staff are very professional and I always have people [staff] I know." Another relative told us, "Staff are brilliant with [person using the service]. If they don't want to do something, they show [person using the service] alternatives."

From speaking with staff we could see they enjoyed working with people. One staff member told us, "I enjoy working with children; I go to youth club with them. We have lots of families that we have worked with for such a long time. We've been on a journey with them." Another staff member told us, "It can be hard work, but it's a very rewarding job."

We could see staff genuinely cared for people and they made sure that people were safe and happy with the care and support provided to them. One staff member told us, "We all genuinely care about the children we work with. We are protective of them. We make sure people want to spend time with staff." Another staff member told us, "I enjoy working with children with disabilities; I am passionate about this. I get great satisfaction about getting a smile out of people."

Relatives told us staff were very caring. One relative described how staff assisted them to get their child ready for school. They also helped their child with their reflux [when food and fluids move up from the stomach into the throat] and helped to keep them entertained. The relative told us this was very important to them because school mornings could be particularly busy. Another relative told us, "Staff are very much caring. I am always impressed by the way they communicate with [person using the service]. They are non-verbal. The training must be good. Staff always greet them, talk and sing to them despite not getting anything back."

From speaking with staff we could see they understood people's individual needs even though people's communication was limited. One staff member told us, "I'll put my arm around [person using the service] if they cry, although it is rare for them. We still look after people if they are poorly." Staff had good knowledge of epilepsy. We could see that staff understood the impact that this had on people. One staff member told us, "We try to comfort people during a seizure and keep them safe. People get a hangover from the medicines and can suffer with headaches from seizures." Staff told us that this meant that they may need to vary the support people required during this time and may need to alter the activities they had planned to carry out.

Staff told us that people using the service had complex needs. This meant that only specific staff were involved in people's care which allowed the young people to build up trust and get to know the staff supporting them. From speaking with relatives we could see that the opportunity to build up trust with staff was important to them too. The registered manager told us, "Important for the young people using the service to feel safe and secure when they are supported by staff and for their parents to have confidence that their child is cared for appropriately." All young people were introduced to staff before care and support was due to start. The registered manager told us, "If a child does not form a positive relationship with the staff member we try to resolve this. We could see that people and their parents had choice about the staff involved in their care.

People's relatives confirmed that they had choice about the support available to them and when care and support was delivered. They told us staff worked with them to make sure people were given choices based on their likes and dislikes. People's relatives also told us that they were involved in making decisions about their child's care, however staff still took the time to make sure people were offered choices about how to spend their time. People's care records detailed how people made choices such as pointing to the things they wanted or shaking their head or pushing something away if they didn't want it.

When we spoke with relatives they all told us that their children's privacy and dignity was maintained. When personal care was taking place, relatives told us that doors and curtains would be closed and their children would be covered up to protect their modesty. Staff told us that people were given the time they needed at mealtimes. When people were taken out into the community, staff took the time to make sure people were appropriately dressed and had access to the things they needed. The registered manager told us, "All staff follow the child's care plan when meeting their personal care needs and take into account their dignity at all times."

The Equality Act 2010 protects children and young people against discrimination, harassment and victimisation in relation to housing, education, clubs, the provision of services and work. From speaking with staff and relatives we could see that the service understood and were delivering care and support which reflected the seven protected characteristics of the Equality Act 2010. For example, parents and staff worked together to involve people to access the community and participate in activities. The service also attended a number of groups aimed at improving the lives of people with disabilities.

Good ●

Is the service responsive?

Our findings

Referrals to the service were agreed through a multi-agency panel; once this had been received the service would consider how they could best meet the needs of the person and their family. Staff worked with the family to put together a person-centred care plan. The registered manager told us the person's parent was always involved in this; they did try to involve the person as well however this was not always possible due to the person's health conditions. All parents were asked to complete a 'Parent assessment manual.' This meant the service could access information about all aspects of each child's care, what care was needed, how people liked care to be delivered and the routines which were in place. The service had access to the information needed to deliver individual care and support to people.

Staff told us care plans were put in place which reflected the needs of each person, however where people were not able to communicate they relied on parents to tell them about the person's wishes and preferences. Staff told us care plans were flexible and could be changed as they got to know people and their families. They also told us that sometimes they trialled different things to see how people got on and adapted care plans as needed. This meant that care and support was regularly reviewed to make sure it met each person's individual needs.

Care plans were very detailed and included the care and support each person needed. They also included each person's likes, dislikes, fears and risks. Care records provided information about each person's specific health conditions, for example, we could see one person they suffered from a very specific type of epilepsy. The care records detailed information about this type of epilepsy and the support needed including emergency medicines. Care records also detailed individual routines, which are particularly important to people with autism. These routines had been agreed and helped to assist staff to provide care and support to people which reflected their individual needs, wishes and preferences. For example, the records showed how to brush people's teeth and how to bathe without putting water on the person's face. From these daily routines, staff told us they knew what they and the person's parents were responsible for. They told us this meant they could work together more efficiently.

Regular reviews of care were carried out and included people's parents, staff from the service and people's social workers. Care plans and risk assessments were updated following these reviews and checked by the deputy manager or registered manager as part of their quality assurance processes. Relatives confirmed they were involved in this process. One relative told us, "[Staff member] does the care plan and will draft any changes. I always look at it fully."

Each person had a communication passport in place which provided information about each person, their disabilities, the school they attended and how they could communicate. We could see that some people communicated using verbal noises, facial expressions and hand gestures. The records also showed what things people liked to talk about and whether they enjoyed music and singing. This helped to inform staff about how to interact with people and also meant they could liaise with people's teachers if they needed to.

Care records were regularly updated following any contact with people using the service. The care records showed the staff members involved and the care and support delivered to the person. These records were individual to each person and reflected the care plans in place. Where planned support had been cancelled by the person's parents, the care records had been updated and informed of the reason for this.

The registered manager told us that activities were individual to each person and a choice of activities was offered in the local community. They told us the service had a budget in place to make sure every person has access to activities. Care records detailed the types of activities each person liked to be involved in. For one person we could see they enjoyed a trampoline, a swing, hydrotherapy and a sensory room. These records showed that the person did not like to be cold, which meant that staff needed to act quickly to make sure the person was comfortable. Another person enjoyed swimming and scrunching paper.

Relatives told us that activities were important to them and to their children. They recognised that some activities could be limited but told us staff recognised this and always made sure people had something appropriate to do. One relative told us that a vehicle with wheelchair access would increase the accessibility of activities. Relatives also told us that group activities were important to them. One relative told us, "[Person using the service] is always doing activities they wouldn't do with me. They also get to see other people in group activities that they have become friends with."

Another relative told us, "[Person using the service] has to be kept safe. This means activities can be limited. However staff take them out to the park or to the youth club. They keep them company if they are not feeling well, maybe stay at home and watch television with them." One staff member told us, "We take [person using the service] to the youth club and to the park. If we didn't encourage them they would not go out." We could see that some people needed a lot of encouragement to participate in activities because they experienced disrupted sleep patterns as a result of their health conditions.

The service hosted a 'Big event' in April 2016 which included a disco, games, face painting, crafts and a bouncy castle. This was well attended by people using the service and feedback about this event was sought. The registered manager told us, "The service has been developing links with a new leisure trust in the local area for people to have access to sports and leisure venues and have the same opportunities as other children in the community. This included access to swimming, cycling, football, soft play and sensory rooms."

Staff told us that people were not able to make complaints about their care because of their limited communication. However they told us that they knew if people did not want staff to do something with them because of their behaviours, such as pushing something away. Staff also told us they looked for changes in people's behaviours and documented this in the care records. Staff told us that any changes in the person would be discussed with the person's parent and within the service to identify where reviews of care may be needed.

From speaking with staff and relatives we could see that the service worked with families to identify concerns before a complaint needed to be made. One staff member told us, "Sometimes parents tell us if there are concerns. Mornings can be stressful for parents. If we don't do something right or don't arrive on time it can disrupt their day." They went onto say, "We find they tell us when we are at the house providing support or they might ring the office to speak informally. But any formal complaint would go to the [Middlesbrough] Council complaints officer." One relative told us the service was, "Good at resolving issues."

We looked at compliments which the service had received during the last two years from people and their families. Comments included, "Worth your weight in gold." And, "What you have done is having a positive impact for [person using the service] and our family." And, "You went above and beyond and made a nightmare situation as normal as it could be."

Good ●

Is the service well-led?

Our findings

All staff spoken with during inspection told us they enjoyed working at the service and felt able to approach the registered manager when they needed to. One staff member told us, "I enjoy working for the company. I can speak to the manager whenever I need to. I feel supported. We have a nice staff team, there is lots of group working which is good for us and we have good communication. I really enjoy working with the kids and we get lots of training." Another staff member told us, "I get time in the office and still get to be hands on with people. If you don't do hands on you don't know what is going on."

A registered manager was in post, and had been since the service first registered in 2011; they had submitted notifications to the Commission when required to do so. All staff spoke positively about the registered manager and told us they felt supported by them. One staff member told us, "[Registered Manager] is very supportive; they have encouraged me to progress within the company." Another staff member told us, "[Registered manager] is really supportive. They keep in touch with us all. Their door is always open. We can sound off about anything and they are really calming."

The service recognised that they needed to embrace change to make sure they maintained the quality of the service being provided. All staff spoke about the importance of communication within the team and with people and their families. From speaking with staff, we understood that all care and support was flexible and they had to be adaptable to change to make sure a good service which met people's individual needs was delivered. One staff member told us, "We do move with the times. We have individualised budgets, this means we now have a more flexible service which is a package of support based around individual needs." Another staff member told us, "It's a busy team, work is constant but the service has adapted well."

Staff were clear about the vision and values of the service which included privacy and dignity for all those using the service, independence, fulfilment and choice. Relatives confirmed that privacy and dignity was always maintained and agreed that people had access to everything they needed in their day to day lives. Relatives told us that they had developed good relationships with the service and valued the transparency they had with them. One relative told us, "The personal bit is good. I know staff very well and they are very approachable. They are very good with getting on with it."

Procedures were in place to monitor the quality of the service. Accidents and incidents were regularly reviewed to try to identify any patterns and trends to allow the service to take action to minimise the risk of repeated events. Each month the registered manager was responsible for completing monitoring records which included checks of care plans, accidents and incidents, complaints and compliments, people on the child protection register, recruitment and health and safety. There were no checks in place to show whether staff training, supervision and appraisals were up to date, however we could see that the registered manager had started to take action to address this during the inspection.

An annual user satisfaction survey was sent to people's parents to seek views about the service. There were no results available during inspection, however the registered manager told us that the service manager was responsible for taking action to address any areas of concern from the survey and sharing areas of good practice. All relatives gave positive feedback about the service when we spoke with them and no complaints had been raised.

Team meetings were carried out each month which enabled staff to keep up to date with changes occurring at the service. Deputy managers also held weekly meetings to seek feedback from any events occurring over the weekend and to gain general updates about the people using the service. This meant that all staff were aware of any changes which had been made.

Feedback from people's parents was sought informally throughout the year and more formally during reviews. The registered manager told us that all parents receive regular disability matters updates on trips and events. These updates are also shared with Children's Hubs and schools.

The service had good links with health and social care agencies. They attended monthly sessions with Child and Adolescent Mental Health teams for people living with a learning disability to access expert advice and support. The service attended a 'Parents for change' group and feedback was sought as part of their wider quality assurance processes. We could see from speaking with the registered manager that some areas of change had been made as result of their participation and feedback from this group. The registered manager attended a forum for vulnerable, exploited and missing children. This forum was made up of a group of multi-agency professionals where any concerns could be raised and intelligence shared. The registered manager told us this linked well to their work around safeguarding. The service also attended a local steering group for children called, "You've got a voice in me."

The service was shortlisted for or Middlesbrough Council [Registered provider's] Team Awards last year in two categories. The service won an award as a team which worked with families to keep their child living at home or to return home from care.